

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: METHOD AND APPARATUS FOR A THIN CELP  
VOICE CODEC

Attorney Docket Number:: 021318-000910US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 21

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Marwan  
Middle Name:: A.  
Family Name:: Jabri  
Name Suffix::  
City of Residence:: Broadway  
State or Province of Residence:: NSW  
Country of Residence:: Australia  
Street of Mailing Address:: Level 7, 3 Small Street  
City of Mailing Address:: Broadway  
State or Province of mailing address:: NSW  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 2007

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: New Zealand  
Status:: Full Capacity  
Given Name:: Nicola  
Middle Name::  
Family Name:: Chong-White  
Name Suffix::  
City of Residence:: Chatswood  
State or Province of Residence:: NSW  
Country of Residence:: Australia  
Street of Mailing Address:: 364 Penshurst Street  
City of Mailing Address:: Chatswood  
State or Province of mailing address:: NSW

Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 2067

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Jianwei  
Middle Name::  
Family Name:: Wang  
Name Suffix::  
City of Residence:: Killarney Heights  
State or Province of Residence:: NSW  
Country of Residence:: Australia  
Street of Mailing Address:: 104 Killarney Drive  
City of Mailing Address:: Killarney Heights  
State or Province of mailing address:: NSW  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 2087

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/439,366	01/09/03
	An Appn claiming benefit under 35 USC 119(e) of	60/419,776	10/17/02

**Foreign Priority Information**

Country::	Application number::	Filing Date::
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**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::